The Different Types of Incontinence (and Their Symptoms)

There are two main categories of incontinence: transient incontinence and chronic incontinence.

- **Transient Incontinence** is a temporary or short-term condition that can be fixed. It’s usually triggered by an illness like a UTI, a medical problem like a stroke, medications or constipation. Once the problem is treated, the incontinence goes away.

- **Chronic Incontinence** is a long-term condition that can be fixed most of the time, but not always. It’s caused by a damaged lower urinary tract and/or a weak pelvic floor. There are five types in this category:
  1. **Stress Incontinence** is caused by poor pelvic muscle control. Any extra pressure or stress causes urine to leak out.
     - Symptoms: Urine leaks out when coughing, laughing, sneezing, exercising, running, jumping, lifting, sitting, and standing.
  2. **Urge Incontinence** is also called “overactive bladder”. The bladder is hyper. Even small amounts of urine can trigger the bladder to “let go!”
     - Symptoms: Urge to go is strong and frequent. The bladder can’t “hold it” once the urge is felt and it empties right away—before getting to the toilet. Urine loss is moderate to large.
  3. **Overflow Incontinence** is caused by weak bladder muscles or a blockage. The bladder is always full and urine dribbles out constantly.
     - Symptoms: Bladder never empties. Urine leaks out all the time. There is a weak stream of urine when using the toilet—only small amounts come out even though the bladder is full. The urine doesn’t want to come out. Sometimes urine backs up into the kidneys which is dangerous.
  4. **Functional Incontinence** means not being able to get to the toilet in time because of problems with moving, thinking, and communicating.
     - Symptoms: Memory problems like Alzheimer’s Disease may prevent timely trips to the bathroom. Physical conditions like severe arthritis can cause delays with walking or removing clothing. Inconvenient bathrooms and poor toilet equipment (lack of handrails or small doorways) can make it difficult for those who need wheelchairs or walkers to get to the toilet in time.
  5. **Reflex Incontinence** means there is no urge sensation to urinate. The bladder just empties when full.
     - Symptoms: Loss of urine at inappropriate times. Birth defects like spina bifida, a spinal cord injury or surgery can cause loss of sensation to urinate.

A combination of incontinence types is called **Mixed Incontinence**. Women and older adults tend to have both stress and urge incontinence. Men are more likely to have a combination of overflow and urge incontinence.
Incontinence and Children

- Incontinence in children is mostly in the form of bed wetting—lack of bladder control at night.
- As many as seven million children in the United States wet their beds. More boys than girls have this problem. Incontinence is a common problem that most children outgrow as their bladders develop. If bed wetting continues past age five, a doctor should be told about it.
- Only one percent of teenagers over age 16 have trouble with nighttime incontinence.
- Bed wetting tends to run in families—70% of children who have this problem have a parent or close relative who had it when they were children.
- Many children with disabilities and birth defects like spina bifida have long-term bladder control problems.

Incontinence and Adults

- Incontinence can happen at any age and to both men and women, though women have more problems with it than men.
- Women experience incontinence twice as much as men. This is due to pregnancy, childbirth, menopause and the structure of the female urinary tract.
- Stress incontinence is most common in women.

- Most men who experience incontinence do so because of problems with their prostate gland.
- Studies show that men seek help for incontinence after experiencing it for about one and a half years. Women appear to put up with it longer than men, waiting more than three years before seeking help!

Incontinence and the Elderly

- Bladder sensations change with age. The elderly may feel the need to urinate only when the bladder is almost full. (Most younger people feel the need to “go” when the bladder is only about half full.)
- As people get older, they produce more urine at night—2/3 of the fluids drunk during the day are made into urine at night. (This is because the kidneys make urine faster when people are lying down and resting.) So, one or more bathroom trips at night are normal.
- And, as people age, their bladders shrink a bit, so they can’t hold as much urine.
- Urge incontinence is most common in people over age 60—4 out of every 10 women and 2 out of every 10 men experience it.
- Incontinence is one of the major reasons that elderly people are put in nursing homes. It’s second only to dementia.
Illnesses that Can Cause Incontinence

There are a number of illnesses that can cause your clients to have bladder problems or incontinence:

Alzheimer’s Disease and Dementia
- Alzheimer’s disease is a disorder of the brain. The main characteristic is dementia, which is the loss of mental abilities like memory, language, learning, judgment and the ability to do everyday activities. Incontinence usually happens in the later stages of the disease.
  - People with Alzheimer’s may not remember how to remove clothing or to recognize a full bladder. They may forget where the toilet is located or even how to use it.

Arthritis
- This term refers to sore or swollen joints, which can cause terrible pain and stiffness. Arthritis makes it difficult for people to move around.
  - Clients with arthritis may move very slowly because of painful joints. They may have trouble making it to the bathroom in time and they may have difficulties working with buttons and zippers on clothing.

Stroke
- A stroke happens when a blood vessel that “feeds” the brain gets clogged or bursts. The affected part of the brain can’t work.
  - Many stroke clients can’t sense a full bladder—or control it. Sometimes, if speech is affected, they are unable to communicate their need to use the toilet.

Parkinson’s Disease (PD)
- PD is a progressive, brain disorder that affects the central nervous system. The main symptoms are shaking, rigidity (stiffness), slowness, and unsteadiness.
  - The rigidity of muscles makes it difficult for PD clients to make it to the bathroom in time. Muscle weakness can affect the sphincter muscles causing incontinence. Walkers and wheelchairs also make trips to the toilet difficult.

Multiple Sclerosis (MS)
- MS is another chronic disease of the nervous system. There are many symptoms, but the main ones are loss of muscle coordination and strength, along with bladder problems.
  - About 80% of people with MS have some sort of bladder trouble—from mild to serious. They may have urinary retention (the bladder doesn’t empty all the way), urge incontinence, and UTIs.

Interstitial Cystitis (IC)
- IC is a bladder condition found mostly in women. The bladder is tender, easily irritated and even painful. It can get worse with time.
  - IC clients have urgent and frequent urination, lower abdominal pain, pressure and incontinence.

Diabetes
- Diabetes is a disease in which the body can’t control the amount of blood sugar. It can cause frequent urination and UTIs. Over time, there may be nerve damage that affects the bladder. Diabetics may lose the sensation to empty their bladders.

- Your diabetic clients may not realize that they have a full bladder because they can’t feel the urge to go.

A Reminder!
If you notice any changes in your client’s symptoms, let your supervisor know about it right away!
Incontinence and Urinary Tract Infections

- A urinary tract infection (UTI) is often called cystitis or a bladder infection.
- It’s a very common problem—only respiratory infections happen more often.
- Each year, about 10 million people visit the doctor for a UTI—most of them are women. This is because women have a much shorter urethra than men making it easier for bacteria to spread through the urinary system.
- Having a UTI is a sign that there is a bacterial infection somewhere in the urinary tract system. The infection irritates the bladder lining causing many problems. Once discovered and treated with an antibiotic, the symptoms usually go away.
- If left untreated, the infection can damage the bladder and kidneys.

Symptoms of a UTI
- Pain or burning when urinating
- Pain in the lower abdomen, stomach or back
- Chills, fever, sweats
- Nausea and vomiting
- Frequent need to urinate, incontinence, strong-smelling urine, blood and/or pus in urine.

- For many elderly people, incontinence is the only symptom of a UTI.
- For women, a UTI may be caused by not urinating often enough, poor personal hygiene, menopause, diabetes and other diseases. Men may get a UTI due to an enlarged prostate gland.
- Many incontinent clients have chronic UTIs because they are always wet—causing bacteria to grow. The use of catheters to help control incontinence can also cause UTIs.

Incontinence Risk Factors
(Conditions that may lead to incontinence.)

- **Pregnancy and delivery**— strain of labor and delivery can damage muscles and nerves.
- **Menopause**— loss of the hormone estrogen weakens the bladder and other muscles.
- **Medications**— use of pain killers, sleeping pills, narcotics, diuretics, or using many medications at the same time can dull bladder sensations—the urge to urinate can’t be felt.
- **Smoking**— constant and violent coughing (smoker’s cough) may damage and weaken the muscles that support the bladder and urethra.
- **Obesity**— being overweight causes extra pressure on the bladder and urethra.
- **Constipation**— hard stools put extra pressure on the bladder.
- **Low fluid intake**— not drinking enough fluids irritates the bladder and causes concentrated urine (urine is dark yellow and strong-smelling).
- **High-impact exercise**— like gymnastics, karate, tennis, handball, jogging and running can cause extra abdominal pressure that pushes on the bladder.